

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/531573** FILING DATE
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 2 | | 1 | | |
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| TOTAL DEP. | 13 | ← | 19 | ← | | |
| TOTAL CLAIMS | 14 | | 21 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | ↓ | | |
| TOTAL DEP. | | ← | | | ← | |
| TOTAL CLAIMS | | | | | ← | |